GROUP LONG TERM DISABILITY INCOME POLICY (Non-Participating) IRA LIFE INSURANCE COMPANY OF NEW YORK 10038 A STOCK INSURANCE COMPANY. 03/\$2/200Z 14:48 PAX

Policy Delivered in: New York

Group Policy No. NYK+1872

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Policy Anniversary Date: July 1

Promium Due Datos: July 31 and the last day of each calendar month theroalter. Policy Effective Date: July 1, 1989

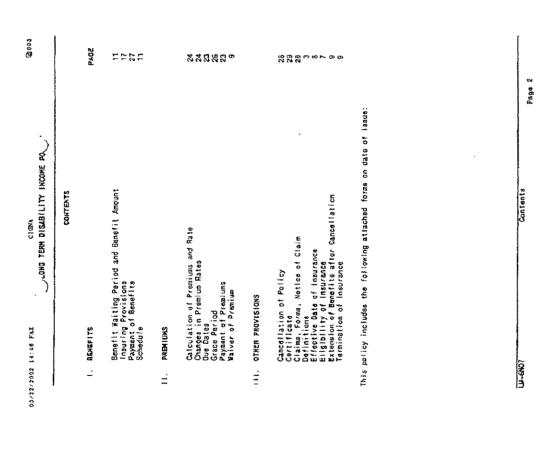
This is a contract between us, the INA Life Insurance Company of New York, and you, COGNELL UNIVERSITY MEDICAL COLLEGE 1300 York Avenue New York, New York 70021

This policy goes into effect on the Policy Effective Date, at 12.01 a.m. at your address. The policy will stay in force as long as the premium is paid, until terminated by you or us.

This contract chall be governed by the laws of the state in which it is delivered IN WITNESS WHEREOF, we have signed this policy at New York, New York.

SPECIMEN

Group Long Torm Disability Income Policy



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EMPLOYER. The term Employer means the Policyholder and all Affiliated Employers shown in the "Affiliated or Subsidiary Employers" rider. EMPLOYEE. The term Employee means an employee of the employer. ACTIVE SERVICE, An Exployae will be considered in Active Service with the semployer on a day which is one of the Employer's scheduled work days if he is performing in the usual way sail of the regular duties of the work for the Employer on a full time basis on that day, either at one of the Employer's usual places of business or at some location to which the Employer's business requires him to Iran Employer's business requires him to Iran Employer's extending which is not one of practice and aday which is not one operaceding schedulad work days only if he was in Active Service on the

INJURY. The term injury means an accidental bodily injury.

SICKWESS. The term Sickness means a physical or mental illness, it also includes pregnancy.

RETIREMENT PLAN. The term Retirement Plan means any defined benefit plan or defined contribution plan (including a profit charing plan) sponsored by the Employer. It does not include: (I) an individual deferred congeniestion any enement; (2) a profit is sharing or any other retirement or savings plan that is maintained in addition to a defined benefit or other defined contribution pension plan; or (3) any employee savings plan including a thrift, stock option or stock plan; or bonus plan, individual retirement account, or 401(k) plan or 403(b) tax deferred annuity plan.

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After the Employee has been disabled for 1 year, his Basic Estrings will be increased on each should maniversary of the date he became disabled. The amount of each increase will equal A or 8, whichever its less where;
A wind the Employee's indexed Basic Estrings during the preceding year of Disability.

B witherate of increase in the Consumer Price index (GPI-W) during the preceding vear. Basic Earnings are determined initially on the date the Employee becomes insured. A change in the amount of Basic Earnings will be considered effective on the date of the Employee is not the Active Service on that day, no increase in Basic Earnings will be considered the Effective until he returns to Active Service for one full day. In no event will an increase in an Employee's Basic Earnings be considered effective until he returns to Active Service for one full day. In no event will an increase in an Employee's Basic Earnings be considered offective if it occurs.

(1) between separate periods of Disability which are considered one perlod under the Successive Periods of Disability provision: or For the first year the Employee is disabled, his indexed Basic Earnings will be equal to his Basic Earnings. BASIC EARNINGS. The form Basic Earnings means the Employee's rate of pay from the Employer in effect just prior to the date the Employer's Disability bagins. INDEXED BASIC EARNIGS. An Employee's indexed Basic Earnings is an amount determined as follows: TERM DISABILITY INCOME POLIC Applicable to Class 1 Only: DEFINITIONS (Continued) (2) during a Benefit Waiting Period. 03/22/2002 14:47 PAX

CPI-W means the Consumer Price index for Urban Wage Earners and Clerical Workers published by the US Oppariment of Labor. If the index is discontinued or changed, another nationally published index that is comparable to the CPI-W will be used.

The Employee's Basic Earnings will not be decreased by a drop in the Consumer Price index (CPI-M).

Definitions (Continued)

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BASIC EARNINGS. The term Basic Earnings means the Employed's rate of pay from the Employer in offect just prior to the date Disability begins including Supplements! Compensation from the Faculty Practice Plan. Supplemental Compensation from the Faculty Practice Plan shall be that which was oarned in the calendar year preceding disability.

Applicable to Class 2 Only: DEFINITIONS (Continued)

Basic Earnings are determined initially on the date the Epployee becomes Insured. A change in the amount of Basic Earnings will be considered effective on the date of the Abange. If the Employee is not time Active Service on that day, no Increase in Basic Earnings will be considered effective until he returns to Active Service for one full day. In no event will an increase in an Employee's Basic Earnings be considered effective if it occurs:

(1) between apparate periods of Disability which are considered one porlod under the Successive Periods of Disability provision; or

(2) during a Benefit Walting Period.

INDEXED BASIC EARNINGS. An Employce's indexed Basic Earnings is an amount determined as follows:

For the first year the Employee is disabled, his indexed Basic Earnings will be equal to his Basic Earnings.

After the Employee has been disabled for 1 year, his Basic Earnings will be increased on each snumel anniversary of the date he bocame became leabled. The amount of each increase will tequal to or B, whichover is leas where:

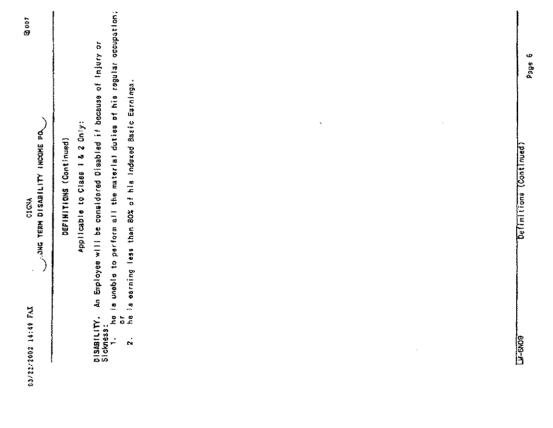
A = 10% of the Employee's Indexed Basic Earnings during the preceding year of Disability.

B = The rate of increase in the Consumer Price Index (CPI-W) during the preceding calendar year.

The Employee's Basic Earnings will not be decreased by a drop in the Consumer Price index (CPI-W).

CPI-W means the Consumor Price index for Urban Mage Earners and Cierical Workare published by the US Department of Labor. If the index is discontinued or changed another nationally published index that is comparable to the CPI-W will be used.

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ELIGIBILITY FOR EMPLOYEE INSURANCE

Each Employee In one of the Classes of Eligibia Employees shown below will become oligible for Employee Insurance on the day he completes the Waiting Period. If any. An Employee who was previously insured and whose insurance ceased must assist to the New Employee Group Waiting Period to become insurance and again. If the insurance on an Employee croup Waiting Period to become insured again. If the insurance on an Employee ceased because he was no longer employed in a Class of Eligible Employee, he is not required to satisfy any Waiting Period if he again insurance ceased.

INITIAL EMPLOYEE GROUP. The Initial Employee Group is made up of Employees:

- (1) in the employ of an Employer on the Effective Date of the policy; or
- in the employ of an Employer on the date that Employar becomes an Affiliated Employer. 3

NEW EMPLOYEE GROUP. The New Employee Group is made up of Employees whose employment with an Employer starts after the Effective Date of the poilcy.

WAITING PERIOD. IN IT IN

New Employae Group: On the first working day of the month following or coinciding with the date of employment.

CLASSES OF ELIGIBLE EMPLOYEES.

Regular Non-Academic Employees classifed as exempt under the Fair Labor Standards Act and the New York State Wage and Mour Laws and assemic Employees whose earlings are sufficient to be classified axempt under the above laws axempt for members of the Facuity Practice Plan.

Nambers of the Faculty Practice Plan whose earnings are sufficient to be classified as exempt under the Fair Labor Standards Act and the New York State Wage and Hour Laws. Class 2

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ANG TERM DISABILITY INCOME POLIC

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(18/2) if an Employae is not in Activo Scrvice on the date his insurance would otherwise become effective, it will become effective on the date he roturns to Active Service. Each Employes may elect to be insured for Employee insurance only by signing a payroli deduction form approved by the Policyholder and the insurance Company. The seffective date of his insurance depende upon the date on which the Employee elects the insurance. (1) If he elects Employee Insurance on or before the date he becomes eligible. Als insurance will become effective on the date he becomes eligible. Under the circumstances described in items 2 and 3, the Insurance Company may require the Employee to submit evidence of good health acceptable to the insurance Company at his own expanse before it agrees to insure him. if his Employee insurance cassed because he cancelled his payrolf deduction, and he again elects to be insured, his insurance will become effective on the date the insurance Company agrees in writing to insure him. if he elects Exployee insurance nore than 31 days after he becomes eligible his insurance will become effective on the date the insurance Company agrees in writing to insura him. EFFECTIVE DATE OF EMPLOYEE INSURANCE 3 3

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The insurance on an Employee will cease on the earliest date below: TEMINATION OF INSURANCE

(1) the date the Employee ceases to be in a Class of Eligible Employees or ceases to qualify as an Employee;

(2) the last day for which the Employee has made a required premium contribution for the insurance; (3) the date the policy is cancelled;

(4) the last day of the month in which the Employee's Active Service ends, except as set forth below.

(a) if the Employee's Active Service ends due to Olszbillty For which Monthly Benefits are or may become payable, the insurance will confinue while that Diszbility continues during the Benefit Waiting Period and thereafter but only for as long as Monthly Benefite are payable for Diszbility.

If the Explayes returns to Active Service in a Class of Eligible Employees as soon as Disability ceases, the insurance will be reinstated when the Policyholder pays the premium for him. 3

(5) If the Employer incured his employee as a member of a trade sesociation or an insurance trust fund, on the date that the Employer no longer participates.

MAIVER OF PREMIUM

Premium for an Employee will be walved while Monthly Benefits for Disability are psychic to him.

EXTENSION OF BENEFITS AFTER CANCELLATION

Payment of Monthly Benefits will not be affected by cancellation of this policy as long as the Disability begins while this policy is in force.

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HOW AND WHEN TO CONVERT. When an Employee's lang Term Disability insurance under this policy ceases, he may be sligible to be insured under a group policy providing converted forgeter disability benefits converted insurance of mall if he: (1) is Emillied to Convert; and (2) applies in willing and pays the first premium for Converted insurance to the insurance Company within either of the following periods of the siter the data his insurance under this policy ceases: (2) his insurance under this policy ceased because he was no longer in Active Service because of resignation, involuntary termination, layoff or an uninsured leave of absence. A certificate under the group converted policy will be issued to the Employee describing his benefits. Converted Insurance will take offect on: (a) the day after the Employee's insurance under this policy cases; or (b) in the case thet an Employee is required to cubmit evidence of good health, the day the Insurance Company accords the vidence. The premium on the day it takes effect will be based on: (a) class of risk; (b) ege; and (c) benefits. CONVERTED INSURANCE. Converted insurance will be provided under the plan of bonefits effered by the insurance Company at the time the first premium is incerived. insurance Company or the Policyholder will give the Employee further details of available Converted Insurance. (1) he has been insured for at least 12 consecutive months under this polloy or under this and a prior Long Term Disability group polloy issued to the Policyholder; and EMITICED TO CONVERT. An Employee is Entitled to Convert Long Term Disability Incurance only 1f: (b) after 31 days but not more than 62 days, with evidence of good health. NOT ENTITLED TO CONVERT. An Employee is not Entitled to Convert if: UNG TERM DISABILITY INCOME POLI (4) he is not in Active Service because of disability; or (a) within 31 days, without swidence of good health; or (1) he is no langer in a Class of Eligible Employees; Conversion Privilege CONVERSION PRIVILEGE (5) this policy is canculled for any reason. (2) he has attained age 70; (3) he has retired; 03/22/2002 14:50 FAL

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Applicable to Class 1 only

BEMEFIT WAITING PERIOD. The Benefit Waiting Period for an employee will be 180 days of continuous Disability. A period of Disability will be considered continuous even if the Disabile Employee sturns to work. It however, at the end of the Benefit Waiting Period, the Employee has earned more than 80% of his Basic Manthly Estnings for any month of the Employee has earned more than 80% of his Basic Manthly Estnings for any month of the Benefit Waiting Period, it will be extended for I month. If, the Employee earns more than 80% of his Basic Wonthly Estnings for more be considered continuous.

MONTHLY BEREFIT. The Monthly Banefit for any month is the (83ser of (1) or (2);

60% of the Employee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the negret deliar up to maximum of \$15,000, and reduced by the amount of all Other Benefits, for that month, excluding any Other Benefits received by or on behalf of the Employee's dependents. Ξ

70% of the Employee's Basic Earnings at the time he becomes Diszbled reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month. (3)

However, if the Employee returns to work and is earning less than 80% of his landexy Beate Earlings in his regular occupation his working Beate Earlings in his regular occupation his land.

I the Wonthly Benefit as figured above for the first 12 months benefits are 2 payable; and and are payable; and are payable; and are payable; and are payable; and are payable;

I the Wonthly Benefit as figured above minus 50% of the Employee's monthly earnings received while hole Disabled, after the first 12 months benefits are payable; or 100% of his indexed Basic Wonthly Earnings for the first 12 months are benefits are payable; or 2 80% of his Indexed Basic Wonthly Earnings after the first 12 months are payable; or anoths are payable; o

payable; his Monthly Benefit for that month wilf be further reduced by such excess amount.

The Monthly Bonefits will not be less than \$100. or 10% of the Policy benefit before reductions due to "Other Benefits" whichaver is greater, regardlass of any reductions shown in this schedule. Monthly Benefits will be pro-rated if payable for any period less than a month.

Kalting Period; Wonthly Benefit

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AND TERM DISABILITY INCORE POLIC

Applicable to Class 2 only

BENEFIT WAITING PERIOD. The Banefit Waiting Period for an Employee will be 180 days of continuous Disability. A period of Disability will be considered continuous even if the Disability and the Disability will be considered continuous at the seriod the Benefit Waiting Period, the Employee has earned more than 80X of his Basic Monthly Earnings for any month during the Benefit Waiting Period, it will be extended for Immorth. If, the Employee carns more than 80X of his Basic Monthly Earnings for more than one month during the Benefit Waiting Period, his period of Disability will not be considered conflueurs.

MONTALY BENEFIT. The Monthly Senstit for any month is the leaser of (1) or (2):

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- 80% of the Exployee's Monthly Basic Earnings at the time he becomes Disabled, rounded to the nearer dollar up to a maximum of \$25,000, and reduced by the amount of all Other Benefits, for that month, excluding any other Benefits for the Employee's dependents.
 - TOX of the Employee's Basic Earnings at the time he becomes Disabled, reduced by the amount of all Other Benefits which the Employee and his dependents receive for that month, (3)

if the Employee returns to work and is earning loss than 80% of his Basic Earnings in his regular occupation or any other occupation his Benefit is: Banhiy Benefit as figured above for the first 12 conths banefits are payable; and the Monthly Banefit as figured above minus 50% of the Employee's monthly the Monthly Banefit as figured above minus 50% of the Employee's monthly earnings received while he is Disabled, after the first 12 months benefits However, Indexed E Monthly E

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it, during any month the Employee returns to work, the sum of his Monthly Benefit as figured above, his estrings and any other Benefits, exceed:
1. 100% of his indexed Basic Monthly Earnings for the first 12 months benefits are payable; of 2, 80% of his indexed Basic Monthly Earnings after the first 12 months are payable;
his Monthly Benefit for that month will be further reduced by such excess amount.

The Wanthly Benefit will not be less than \$100, or 10% of the Wanthly Benefit before reductions due to "Other Benefits" whichever is greater, regardless of any reductions shown in this Schedule. Wonthly Benefits will be pro-rated it payable for any period less than a month.

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(1) any amounts which the Employee receives on account of his disability under: any retirement benefits which an Employee receives under: (a) a Retirement Plan eponsored by the Employer; (b) the Canada and Quebec Pension Plans; (c) the Railroad Retirement Act or the Railroad Unemployment Insurance Act. "Pro rata share" means the proportion of the total benefit that the unwunt payable under one policy. In the absence of such other insurance, bears to the total applicable benefits under all such policies. any work loss provision in the mandatory part of any "Mo-Fault" auto insurance policy; any disability or Old Age benefits payable under the Federal Social Security Act, which the Engloyee receives (or is assumed to receive") on his own behalf; the Jones Act or any workers' compensation, occupational disease or similar law including all permanent as well as temporary disability benefits: (a) any group or franchise insurance or similar plan for persons in a group; (c) any local, state, provincial or federal government disability or ratirement plan or law; OTMER INSURANCE. If there is other Group Disability insurance which:

a) applies to the same claim for Disability; and
b) contains the same or similar provision for reduction because of Other
Benefits. ü Page the policy shall be liable for its pro rate share of the total claim, (d) any salary or wage continuance plan of the Employer! JNG TERM DISABILITY INCOME POL SCHEDULE (Continued) (b) the Canada and Ouebec Pension Plans; "Sam the Assumed Receipt of Banefits provision. OTHER BENEFITS. Other Sonofits Include: 3 Ξ 8 3

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OF BENEFITS. ASSUMED RECEIPT

If an Employee is covered under the Federal Social Security Act. for any disability or Old Age benefit. Statutory Disability (if applicable), Worker's Coppugnation, or similor laws, he will be assuand to be receiving such benefits for himself (and for his dependants, if applicable). These assumed benefits will be the amount the insurance Cocpuny estimates he (and his dependants, if applicable) are sound the cocpeive. This assuantion will not be made if the Employee gives the insurance

- (1) he has applied for these benefits; and
- (2) paymonts were denied.

However, if payments for disability were damied solety because the disability was not expected to last at least 12 consecutive months, the Employse will be assumed to be receiving such benefits after his disability has continued for 12 consecutive months. This assumption will not be made if he gives the insurance Campany proof that:

- (1) he has re-applied for benefits; and
- (2) payments were again denied.

The insurance Company will not assume receipt of, nor reduce the Wonthly Benefit by, any elective, actuarially reduced, early retirement benefits under such lawe until the Employee ectually receives such benefits.

INCREASES IN OTHER BENEFITS

The Insurance Company will not consider any cost of living increase in any Other Benefits which is effective after:

- (1) the first payment of such Other Benefit becomes due; and
- Monthly Benafits become payable under the policy (2)

RECOVERY OF OVERPATHENTS

if the Monthly Benefit for any menth is everpaid, the insurance Company has the right to recover the amount everpaid by either of the fellowing methods:

- (1) a deduction of the overpaid amount from any future payments by the insurance Company; or
 - (2) a lump sun repayment by the Employee of the overpaid amount.

Page 14 Assured Receipt of Benefits; increase; Overpayments

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Any Other Benefits paid in a jump sum (except as shown below) will be deemed to be paid in monthly amounts prorated over the time for which the sum was paid. If no such time is stated, the lump arm will be prorated monthly over the expected life span of the Employee. The insurance Company will determine that expected life span. the Jones Act or any workers' compensation, occupational disease or similar law (which includes benefits paid under a Compromise and Raiseas) will be decared to be paid monthly; st the rate paid prior to the jump sum (if no rate is stated in the award); or (1) a Restrement Plan will be deemed to be paid in the monthly amount which: is projected under a standard annulty table over the expected life span of the Employae (if the Plan does not have a standard annulty option): at the maximum rate set by the law (if no rate is stated and the Employee did not receive a periodic award). (a) is provided by the standard anouity option under the Plen, as identified by the Policyholder; or ONG TERM DISABILITY INCOME POLI SCHEDULE (Continued) (a) at the rate stated in the award; Lump Sum Paymonts under: LUMP SUN PAYMENTS. ê 3 (°) 3

Ø 017 The Cost of Living Adjustment will be determined on each January 1 until a total of 5 annual adjustments have been made. This adjustment will not be subject to the overell maximum Monthly Benefit. On January 1, any Employee who is entitled to receive a Monthly Bonefit and has been disabled for 12 months following the end of the Benefit Walting Puriod will be eligible for a Cost of Living Adjustment. The Monthly Benefit payable to him, beginning with the month of January, will be increased by 3%. "I LEHN DISABITATI INCOME FULTO Cost of Living Adjustment SCHEDULE (Continued) COST OF LIVING ADJUSTMENT. 03/22/1002 14:52 FAI

The later of: (a) the Employee's 65th birthday; or (b) the date the 42nd Wonthly Benefit is payable; The Insurance Company will begin paying Wonthly Benefits in amounts determined from the Schedule when it receives due proof that: (1) the Employee became Disabled while insured for this Long Term Disability insurance; and (2) his Disabilty has continued for a poriod langer than the Benefil Walting Period shown in the Schedule. The date the 36th Monthly Benefit is payable; The date the 30th Monthly Benefit is payable; The date the 24th Monthly Benefit is payable; The Jata the Ziat Wonthly Benefit is payable; The Insurance Company will stop paying Monthly Benefits on the carlior of the following dates: The date the 18th Monthly Banefit is payable: The date the 15th Monthly Benefit is payable; the date the 12th Monthly Banefit is payable. Date Monthly Benefits Case (2) whichever of the following dates is applicable to the Exployee: ANG TERM DISABILITY INCOME POLIC LONG TERM DISABILITY BENEFITS (1) the date the Employee ceases to be Disabled; SHOUSING PROVISIONS CONMENCEMENT OF BENEFITS. DURATION OF BENEFITS. Age 62 or under Age 69 or over Age 83 Ago 64 Aga 65 Age 66 Ags 67

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Commencement and Duration of Benefits

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ANG TERM DISABILITY INCORE POLIC

LONG TERM DISABILITY BENEFITS (Conlinued)

INSURING PROVISIONS

MENTAL ILLNESS, ALCOHOLISM AND DRUG ABUSE LIMITATION.

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AND TERM DISABILITY INCOME POLIC

INSURING PROVISIONS

LONG TERM DISABILITY BENEFITS (Continued)

PRE-EXISTING CONDITION LIMITATION.

The Insurance Company will not pay Wonthly Benefits for any pariod of Disability which results, directly or Indirectly. Trom an injury or Stokenss for which the Employee, Juring the 30 days prior to the most recent effective date of his insurance (1) incurred expenses; (2) received medical freatment; (3) took prescribed drugs or medicines; or (4) consulted a physician. This limitation will not apply to a period of 01sability which begins more than 5 days after the most ecent offective date of the Employee's insurance.

CONTINUITY OF COVERAGE AND PRE-EXISTING CONDITION LIMITATION.

The Pro-existing Condition Limitation will be waived, as described below, for an Employee who was a fissured on the day baptor the Effective Date of this policy under a group long term disable ity policy; (a) sponsored by the Employer; and (b) replaced by this policy; provided such Employee:

(1) is in Active Service on the Elfective Date of this Policy; and

has fulfilled the requirements of any Pre-existing Condition Linitation of the replaced policy. (3)

However, if such Employee:

(1) is in Active Service on the Effective Date of this policy; and

has not fulfilled the requirements of any Pre-existing Condition Limitation of the replaced policy because the time period required prior to start of Oisebility has not been satisfied; (2)

any portion of time which may have been satisfied under such Pre-axisting Condition Limitation will be applied toward the tatiefaction of that time period requirement of the Pre-existing Condition Limitation of this policy.

if Monthly Renefits are determined to be payable, they will be paid according to the provisions of this posicy.

Pre-Exiating Condition Limitation

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INSURING PROVISIONS

LONG TERM DISABILITY BENEFITS (Continued)

SUCCESSIVE PERIODS OF DISABILITY.

Separate periods of Disability resulting from the same or related causes wiff be considered one period of Disability unless separated by the Employee no longer being qualified to receive Monthly Benefits for at least 8 consecutive months.

Separate periods of Olsability resulting from unrelated causes will be considered one period of Disability unless separated by a period of at least one full day. during which the Employee is no langer qualified to receive Worthly Benefits.

These provisions do not apply:

(1) to the Benefit Walting Period; or

when the Employee becomes eligible for benefits under any group long term disability policy. (3)

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Successive Period of Disability

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	INSURTING PROVISIONS
	LONG YERM DISABILITY BENEFITS (Continued)
	FAMILY SURVIVOR BENEFITS.
	The insurance Campany will pay Fanily Benefits as sot forth below for up to 3 months if:
	(1) the Employee becomes Totally Disabled while insured for Famity Benefits;
	(2) the Total Disability has continued for at least 8 months beyond the Barefit Waiting Period; and
	(3) the Employee diss white Wonthly Benefits are being paid for that Total Disability and the Insurance Company receives due proof of death.
	PAYMENT OF FAMILY BENEFITS.
	Family Benefits will be payable Nonthly beginning one month after the Employee's death. Family Benefite will be paid to the Employee's lawful spouse if living. If the lawful spouse is not living when may Family Benefit is due. It will be paid in equal shares to each child of the Employee. No Family Benefit swill be paid in there is no lawful spouse or child.
	The term child means the Employee's unmarried child (including a stepchild living with the Employee at the time of death) who is less than 21 years old. Family Banefits may not be assigned. Payment to anyone as provided above will release the Insurance Company from all liability for family Benefix to the extent of the payments made.
	ANGUNT OF FAMILY BENEFITS.
	The amount payable for Family Benefits will be equal to 100% of the sum of:
	 the Monthly Benefit due for the last full month of Total Disability before the Employee's desth; and
	(2) any amount by which such Monthly Benefit was reduced because of wage or profit received for work performed.
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INSURING PROVISIONS

LONG TERM DISSELLITY REWEFTES (Continued)

EXCLISIONS

(1) injuries intentionally solf-inflicted while some or insance; or (2) any act or hazard of a declared or undeclared war.

(8) Experimentally Sensitive will be gaid for a period of Disability when the Employee is not under the care of a licensed physician.

(9) Monthly Sensitive will be gaid for a period of Disability when the Employee is not under the care of a licensed physician.

(9) Exclusions

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MONTHLY PREMITED STATEMENT, If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This alouthly Premium Statement will show the premium due. If premiums are due quartorly, somi-annually or annually, a Monthly Premium Statement will be prepared as of the Monthly Premium Statement will be prepared as of the Monthly Due Statement Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in the preceding against. MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Pendium Dude Mud Bate. If premium are to be paid on a quarrenty, sami-amunal or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date. SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Wonthly Statement Date that is the same as or next follows the date that (1), (2) or (3) below takes place. PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the day of the conth with the same number as the Anniversary Date or the fast day of a month in which there is no day with the same number as the Anniversary Date. If the Policyholdra and the Insurance Campany agree that premiums will be paid on a quarterly, sedicannus or samual basie, the Premium but Date will be said on a appropriate regular interval, quarterly, sedicannus in the regular musually or annually. The amount of insurance on a person changes, but not due to revision of the Schedule. PRENIUM PAYMENT. The first premium will be due on the Effective Date. After the premium will be due monthly unless the Pollcyholder and the Insurance Company on some other method of premium payment. The Pollcyholder and the Insurance Company may agree to change the enthod of premium payment from time to time. Premiums are payable at the Mone Office of the Insurance Company or to an authorized agent of the Insurance Company. AG TERM DISABILITY INCOME POLI A parson ceases to be insured (1) A person becomes insured, 3

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NG TERM DISABILITY INCOME POLI

Applicable to Class 1 Only:

KONTRLY PREMIUM RATE. The premium will be determined at the rate of \$.37 per again for each \$100 of Covered Payroil.

Covered Payroll for an Employee will mean his monthly rate of Basic Earnings for the functance month prior to the date such determination is made. However, an Employee's Covered Payroll will not include any part of his monthly Basic Earnings which exceed \$25,000.

CALCULATION OF PREMIUNS. The premium will be calculated by multiplying the total amount of Covered Payroll on the Premium Due Date by the Worthly Premium Rate applicable on that date. If the Policybolder and the firstrance Company agree to a change in the mathod of premium payment or to a change in the Andiversary Date, an appropriate pro rata adjustment will be made in the premium due.

DHANGES IN PREKIUN RATES. The premium rates may be changed by the Insurance Company from time to time with at least 31 days advance written notice. No change in rates will be made until 12 months after the Effective Date. An increase in rates will be made until 12 months after the Effective Date. An increase in necrease company reserves the right to change to rates at any fine [1]. It is is from of the policy change; 2) a division, subsidiary, affiliated company or eligible class is added or delated from the policy; 3) there is a change in the staters basing on the risk assumed or 4) any federal or state law or regulation is amended to the extent that the Conpany's benefit obligation is affected. If an increase it can the date of the increase. The proxima Due Date, a provide the proxima Due Date, and date the increase to the next Premium will apply to the nate takes place on a date that is not a proxima Due Date, if an decrease in rates takes place on a date that is not a proxima Due Date, if a decrease. The proxima Due Date, if a decrease. The proxima Due Date, if a decrease. The proxima Due Date, if an increase from the date of the lace take place on a date that is not a Premium Due Date, if a decrease from the date of the lace take that is not a premium but a proxima but the next Premium Due Date.

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Applicable to Class 2 Only:

HONTHLY PREMIUM RATE. The premium will be determined at the rate of \$.49 per month for each \$100 of Covered Payroll.

Covered Payroll for an Employee will mean his wonthly rate of Basic Earnings for the insurance menth prior to the date such determination is made. However, an Employee's Covered Payroll will not include any part of his monthly Basic Earnings which exceed \$41,867,

CALCULATION OF PREMIUNS. The premium will be calculated by multiplying the total amount of Covered Payroll on the Premium Bue Date by the Monthly Premium Rate applicable on that date. If the Policyhofder and the Insurance Company agree to a hotange in the method of premium payment or to a change in the Meniversary Date, an appropriate pro rata adjustenent will be made in the premium dun.

COMMISS IN PREMIUN RATES. The premium rates may be changed by the insurance Company from time to time with at least 31 days advance writhen notice. We changed in assessible to the directive bate. An incorase in rates will not be made more often than once in a 12 month partod. However, the insurance Company leavers the fight to change the styll limit in the made more often than once in a month partod. However, the insurance Company leavers the fight to change a partod in in it is an edged or deleted from the policy; altiliated company or eligible chase is added or deleted from the policy; 3) there is a change in the fectors bearing on the risk assumed; or 4) any federal or state law or regulation is amended to the extent that the Company, a benefit obligation is after but is not a premium bue Date. If an permium will be due on the date of the increase. The pro rate premium bue Date. If a for the increase from the date of the increase to the next premium bue Date of the begrease in rates takes place on a date that is most a Premium Due Date or regit will be granted. The pro rate credit will apply for the decrease from the date of the orease to the next Premium Due Date or regit will decrease to the next Premium Due Date or regit will decrease to the next Premium Due Date or regit will decrease to the next Premium Due Date or regit will decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decrease to the next Premium Due Date or regit will be decreased to the next Premium Due Date or regit will be decrease to the next premium

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CANCELLATION OF POLICY

NOTICE OF CANCELLATION.

The Policyholder or the lasurance Company may cancel the policy as of any Premium bue Date by giving written notice at least 31 days in advance of that date.

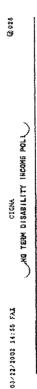
if a premium is not paid when due, the policy will automatically be cancelled as of the Premium Due Date, except as set forth below.

The Insurance Company may cancel the policy as of any premium due date if the number of insured Employees is less than 10 or less than 75% of those wiigible.

GRACE PERIDO.

If, before a Premium Due Date, the Pollcyhoider has not given written notice to the insurance Company that the policy is to be cancelled, a Grace Period of 31 days will be granted for the payment of each premium. The policy will stay will atten the fulfull premium. The policy will apply in effect during that time. If any premium is not paid by the end of the Grace Period: except that, if the policyhoider has given written notices in advance Grace Period: except that, if the policyhoider has given written notices in advance of an earlier date of cancellation, the policy will be cancelled as of the callifulate. The Policyhoider will be cancelled as of the callifulate. The Policyhoider will be insurance Company for any unpaid premium for the time the policy was in force.

Cancellation of Pollcy



TO WHOM PAYABLE, Any benefits that are payable for Disability will be paid to the Employee. Family Benefite will be paid to the eligible survivor(s) according to the terms of that section.

PAYMENT OF BENEFITS

If any person to whom benefits are payable is a minor or, in the opinion of the insurance Company, is not able to give a valid receipt for any payment due him, such payment will be made to his legal quardian. However, if no request for payment has been made by his legal guardian, the Insurance Company, may at its option, make payment to the person or institution appearing to have assumed his custody and support.

if an Employae dies while any of his Disabilliy beneits remain unpaid, the insurance Compowy may, at the option, make direct payment to any of the following living relatives of the Employee; spouce, mother, father, children, brothers or sistems; or to the assections or administrators of the Employee's estate.

Payment in the marner described above will release the Insurance Company from ail liability to the extent of any payment made.

TING OF PANENT. Any Disability banafits will be paid at regular intervals of not more than one month. Any balance which remains unpaid at the end of any pariod for which the insurance Company is liable will be paid at that time.



THE LIMINATIONS. If any time limit set forth in the policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Employee lives when the policy is issued, than time limit provided in the policy is extended to agree with the minimum permitted by the law of that state.

PRODE OF 105S. Written proof of foss must be given to the insurance Company within 50 days siter the date of the loss for which a claim is made. If written proof of less is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of foots of was given as soon as was reasonably possible. Upon request, written proof of continued bisability and of regular attendance of a physician must be given to the insurance Company within 30 days of such request.

PHYSICAL EXAMINATION. The insurance Company, at its own expanss, will have the right to examine any person for whom a claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the policy until at loast 60 days after proof of loas has been filed with the insurance Company. No action will be brought at all unless brought within 3 years (Kansas: 5 years; South Carolina: 6 years), after the tlas within which proof of loss is required by the policy

the claimship, or to the Policyholder for the claimship, the claim, it will give to the claimship or to the Policyholder for the claimship, the claim forms it was for filing proof of loss. If the claimship does not get these claim forms within 15 days after the insurance Company receives notice of Caim, the Will be considered to have mot the proof of loss requirements if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which a claim is made.

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SYATEMENTS NOT WARRAWTIES. At a statements made by the Policyholder or by an inaurod Employee will be december representations and not mercanies. No statement added by the Coighrohedrer or by the Employee to Obtain insurance will be used to void or reduce the insurance unless it is made in writing and is slyand by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

MOTICE OF CLAIM. Written notice of ciaim must be given to the insurance Company within 30 days after the occurrence or start of the isse on which a ciaim is based, notice is not given in that time, the ciaim will not be invalidated or reduced if it shown that written notice was given as soon as war reasonably possible.

by amendment signed by the its President, Vice President. . No agent may change or welve

POLICY CHANGES. Changes may be made in the policy only by Policyholder and by the inserance Company acting through it Assistant Vice President, Director or Assistant Director. any terms of the policy.

BYIRE CONTRACT. The entire contract will be made up of the policy, the application of the Policyholder, a copy of which is attached to the policy, and the applications, any, of the Employees.

PROVISIONS

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INSURANCE DATA. The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or confinue an Employee's insurance. The insurance Company has the right to examine the Policyholder's recorde relative to these benefite at any reasonable time while the policy is in effect. It also has this right until all rights and abligations under the policy are finally determined.

MALE PRONOUN. The male pronoun as used here \mathbf{n} will be deened to include the female.

INCORRECT PREMIUM PAYMENT. Premiums paid in error for a person who is not eligible to be insured, or for a person after his insurance has ceased, will be retunded without interest when roquested by the Policyholder. This premium wif not be refunded, however, for more than a 6 month period nor for any period before the last Anniversary Date.

ADMINISTRATION. The insurance Company will deal solely with the Policyholder who will be descud the representative of each Employee. Any action taken by the Policyholder will be binding on the Employees.

NOT IN LIEU OF WORKERS' COMPENSATION. The policy is not in lieu of and does not affect requirements for coverage under workers' companaation laws.

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